

Name
in
Full

Sadie Berryman ("Mother")

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Centreville	County	Queen Anne	MARYLAND
Date of death	Month	9	Day	2	Years
Sex	Female	Color or Race	Negro	Birth-place	Centreville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sadie Berryman				Father's Birthplace
Mother's Maiden Name	Queen Anne Co.				Mother's Birthplace
Name of person giving information	Carrie Will				How related to deceased
CAUSES OF DEATH					
Primary	Congenital weakness				How long
Immediate	Exhaustion				2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. F. Smith	
			Address	Centreville Md.	

PHYSICIAN
OR CORONER

Accident or Suicide?

(151)



Name
In
Full

Clement Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Burkeville	Frederick			
Date of death	Month	Day	Years	Months	Days
1908	9	17	75-		17
Sex	Male	Color or Race	Caucasian		
Occupation	Retail Farmer			Where Residing if not at place of death	At Place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Virginia Rigg Chance		
Father's Name	Clement Chance.			Father's Birthplace	E.A. Co.
Mother's Maiden Name	Tammay Tavers.			Mother's Birthplace	Caroline
Name of person giving information	Anna Bell.			How related to deceased	Sister.

CAUSES OF DEATH

64

How long

4 or 5 yrs

How long

4 days

PHYSICIAN
OR CORONER

Primary

Chronic Intercapillary Nephritis

Immediate

Cerebral Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

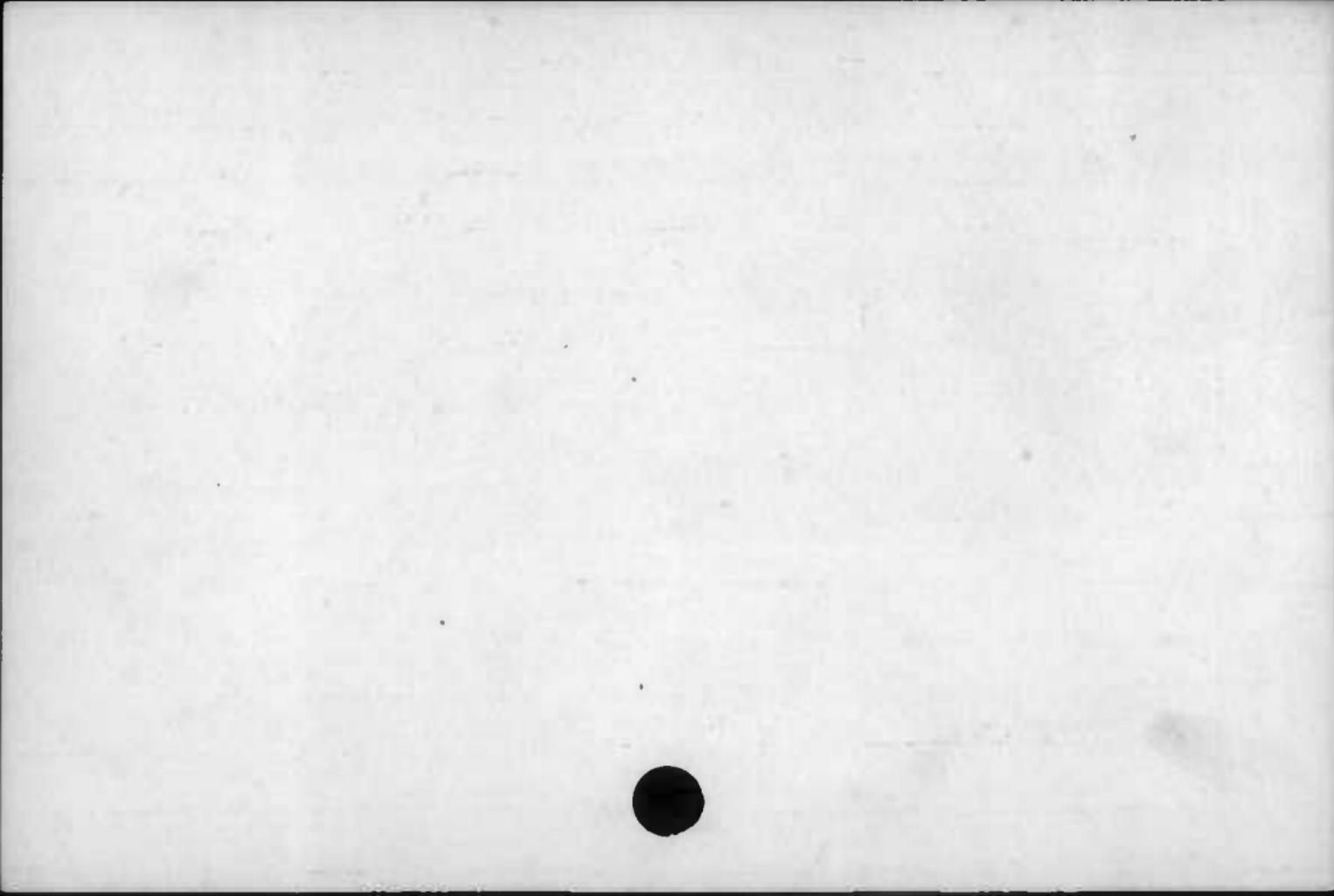
Signature of Physician

Address

Frankland MD
Pentwater MI
MS

Accident or Suicide?

No



Name
in
Full

Sudler Crowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Mr. Church Hill I. a.

Month 8 Month Sept Day 1 Year

MARYLAND Month 17 Daya

Date of death 190 Sex Male Color or Race White

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name John P. Crowley Father's Birthplace I.a. Co md

Mother's Maiden Name Mary Elizabeth Sider Mother's Birthplace I.a. Co rd.

Name of person giving information How related to deceased

CAUSES OF DEATH

166

How long

Primary

Immediate accidentally shot How long

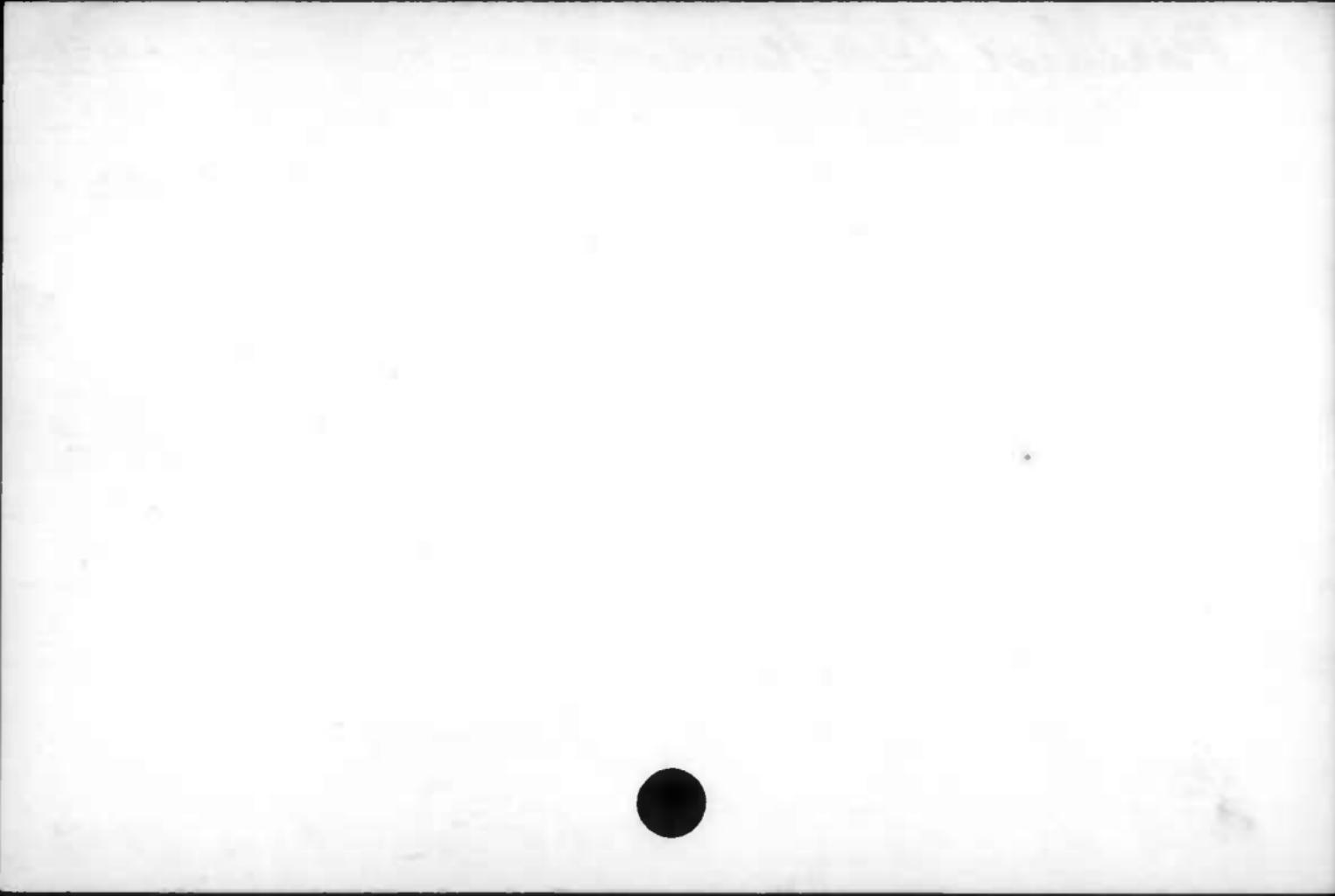
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Parsley Dickerson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mary Barclay Queen Anne Town County
Date of death 1908 Month 9 Day 21 Years Age
Sex Male Color or Race Black Birth-place Md -
Occupation - Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

George A. Dickerson

Father's Birthplace

Md -

Mother's Maiden Name

Mary Gibson

Mother's Birthplace

Md -

Name of person giving information

George A. Dickerson

How related to deceased

Father

CAUSES OF DEATH

105

How long

How long

PHYSICIAN OR CORONER

Primary

Enteritis

Immediate

Yes

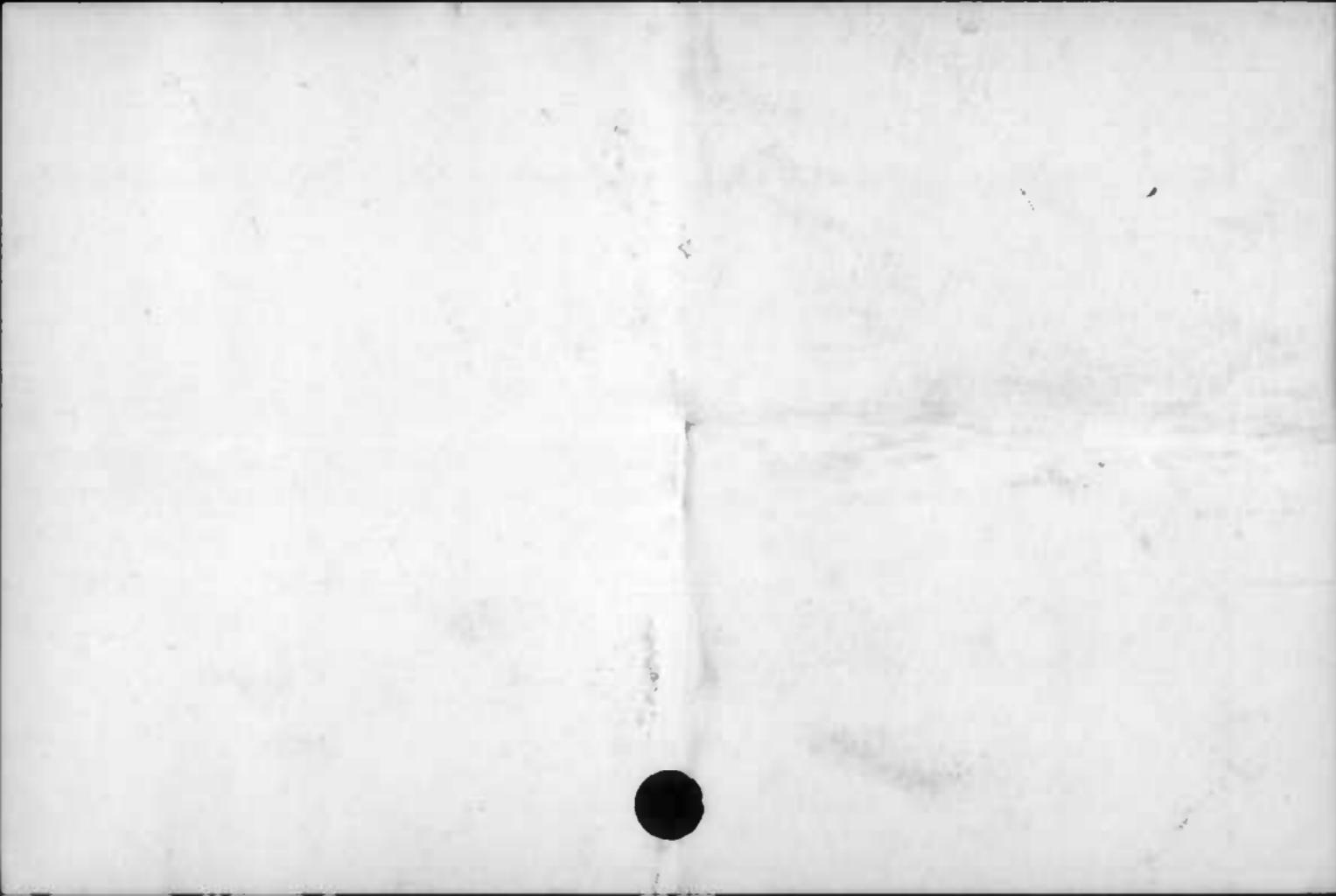
Signature of Physician

J.W. Smith

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

S.C. Faulkner, act. Cor.



Name
in
Full

Douglas Will

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cutterville</u> Town		County <u>Green Anne's</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Sept.</u>	Day <u>27</u>	Age <u>13</u> Years	Months <u>6</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Green Anne's Co</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Green Anne's Co</u>			
Father's Name <u>Joseph Will</u>	Mother's Maiden Name <u>Mary Dorsey</u>	Mother's Birthplace <u>Green Anne's Co</u>			
Name of person giving Information <u>Joseph Will</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

6 months

immediate

Exhaustion

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. F. Smith

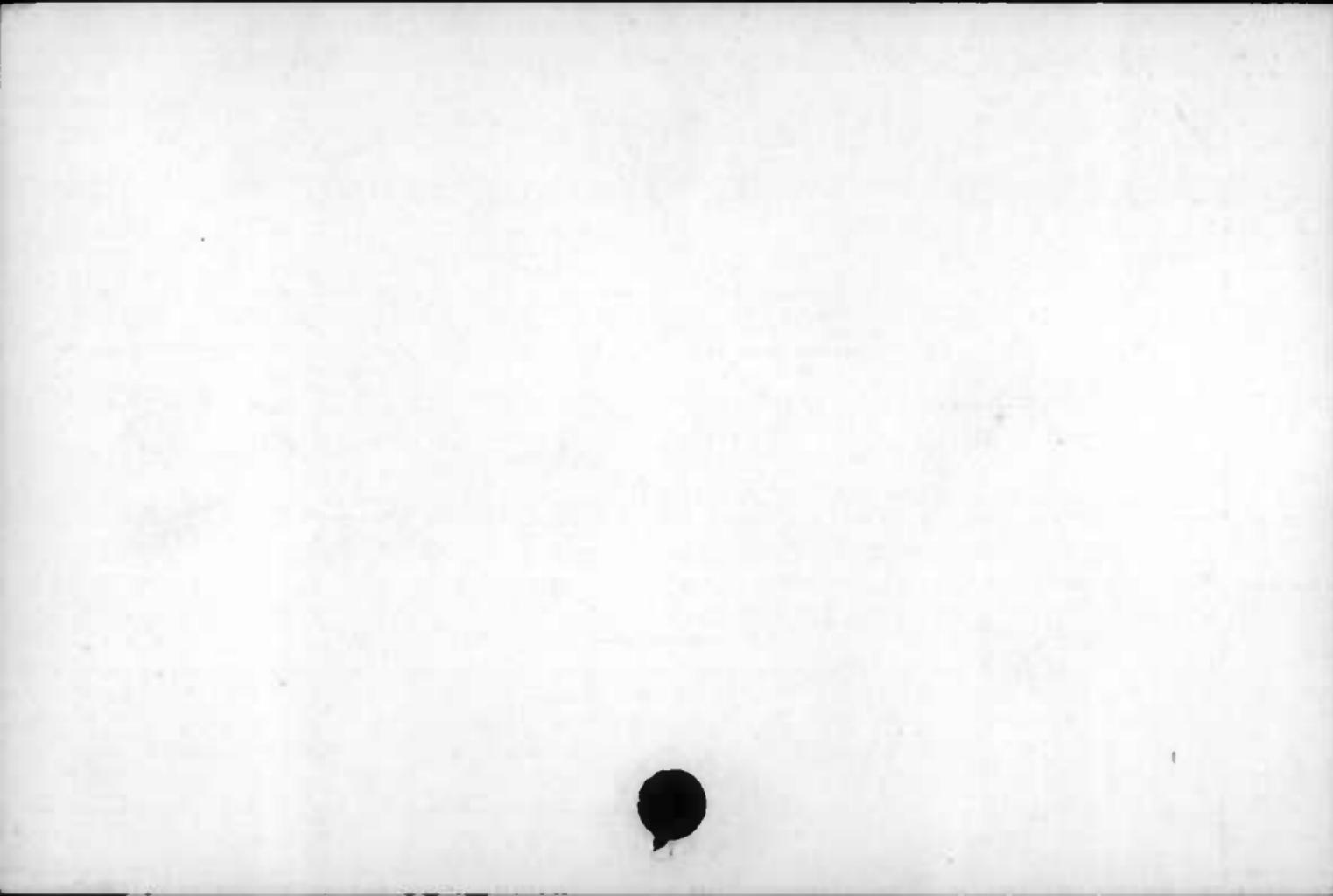
Address

Cutterville

Md.

Accident or Suicide?

No



Name
in
Full

Louis N. Dorrell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	6		
Occupation	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband				
Father's Name	Clifford Dorrell				
Mother's Maiden Name	Henry E. Cwing				
Name of person giving Information	Clifford Dorrell				
CAUSES OF DEATH					
Primary	Pneumonia	93	How long	6 days	
Immediate	Tonsillitis		How long	2 days	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?



Signature of Physician

Address

Accident or Suicide?

No



Name
in
Full

John Eaton

CERTIFICATE OF DEATH

- TO BE ANSWERED BY
- NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 9	Day 9	Years 89	Months	Days	
Sex	Male	Color or Race	Canadian		Birthplace	Caroline Co. Md.	
Occupation	Farmer & Captain		Where Residing if not et place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Tracy Hancock 2nd Annie Alls				
Father's Name	John Eaton		Father's Birthplace	Unknown			
Mother's Maiden Name	Rebecca Hick		Mother's Birthplace	Unknown			
Name of person giving Information	Mary Amand Meadris		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arteriosclerosis

64

How long

4 yrs

Immediate

Cerebral Hemorrhage

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

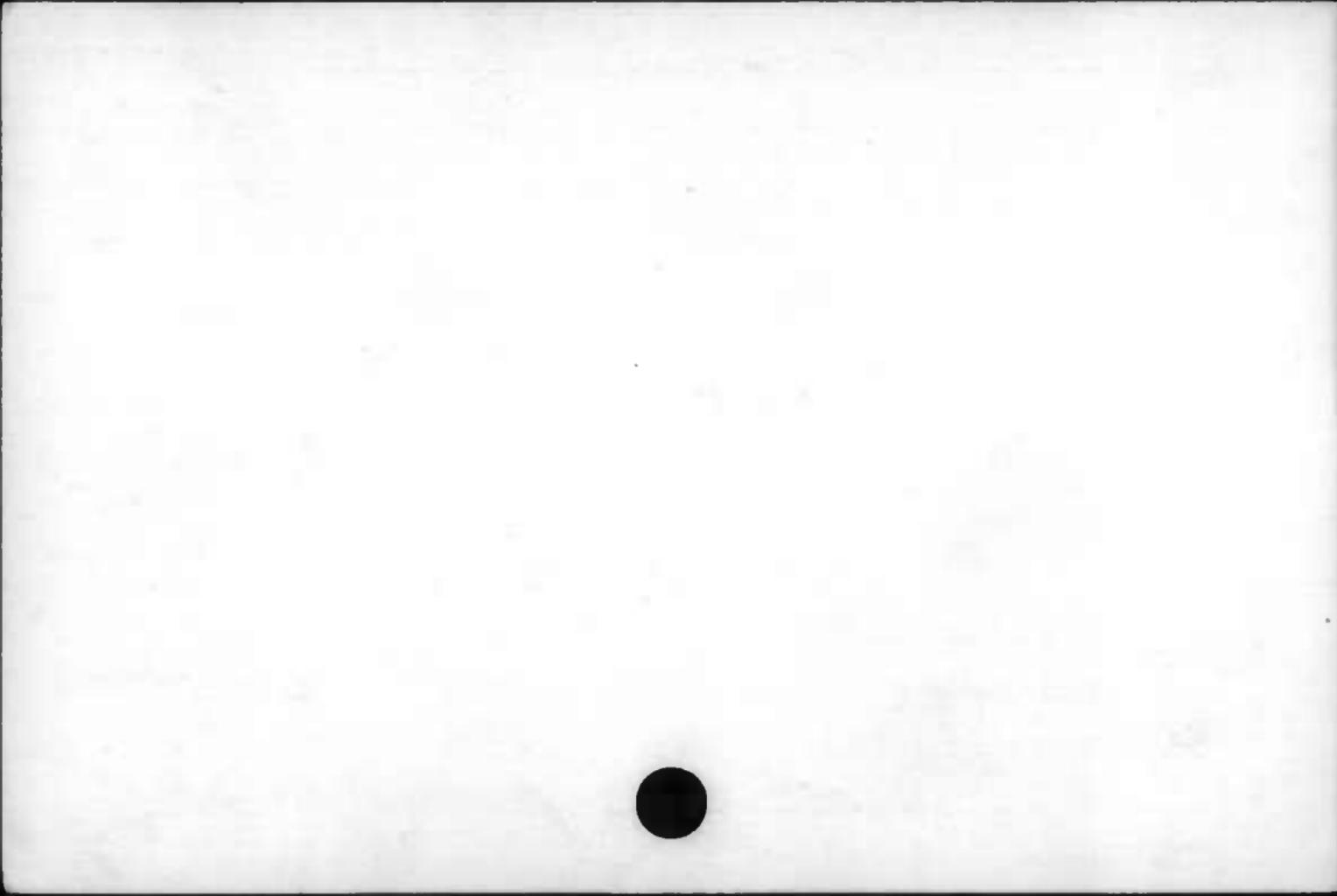
Signature of Physician

Address

Superior and
Pleasant
Md
Greencastle
Md

Accident or Suicide

Not



Name
in
Full

Fredrick Emory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	2d 60	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Wife's Name	Maud J. Shorecker				
Father's Name	Blancard Emery					Father's Birthplace
Mother's Maiden Name	Mary Bourk					Mother's Birthplace
Name of person giving information	O J Davidson					How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

1 year 6 months

Immediate

Cardiac exhaustion

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Rowland H. Ford
Queensboro, Md.

Accident or Suicide?

Interment at
"Black Beard" (Kandyke)
Private grounds

Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Pearl Everitt		Town	County	MARYLAND	
Died at	Centreville	Queen Anne's		Months	Days
Date of death	1908 Sept 1st	Day	Years	1	18
Sex	Female	Color or Race	Age		
Occupation	Housewife	Where Residing if not at place of death	Centreville	Centreville	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Everitt	Father's Birthplace	Kent Co		
Mother's Maiden Name	Sara Hunter	Mother's Birthplace	Queen Anne's		
Name of person giving information	William Everitt	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Still birth	151	How long		
Immediate	Near asphyx		How long	Still birth	
Are the name, age, sex, color, date and place correctly given above?		YES	Signature of Physician	John McFarman	
			Address	Sub Register	
Accident or Suicide?					

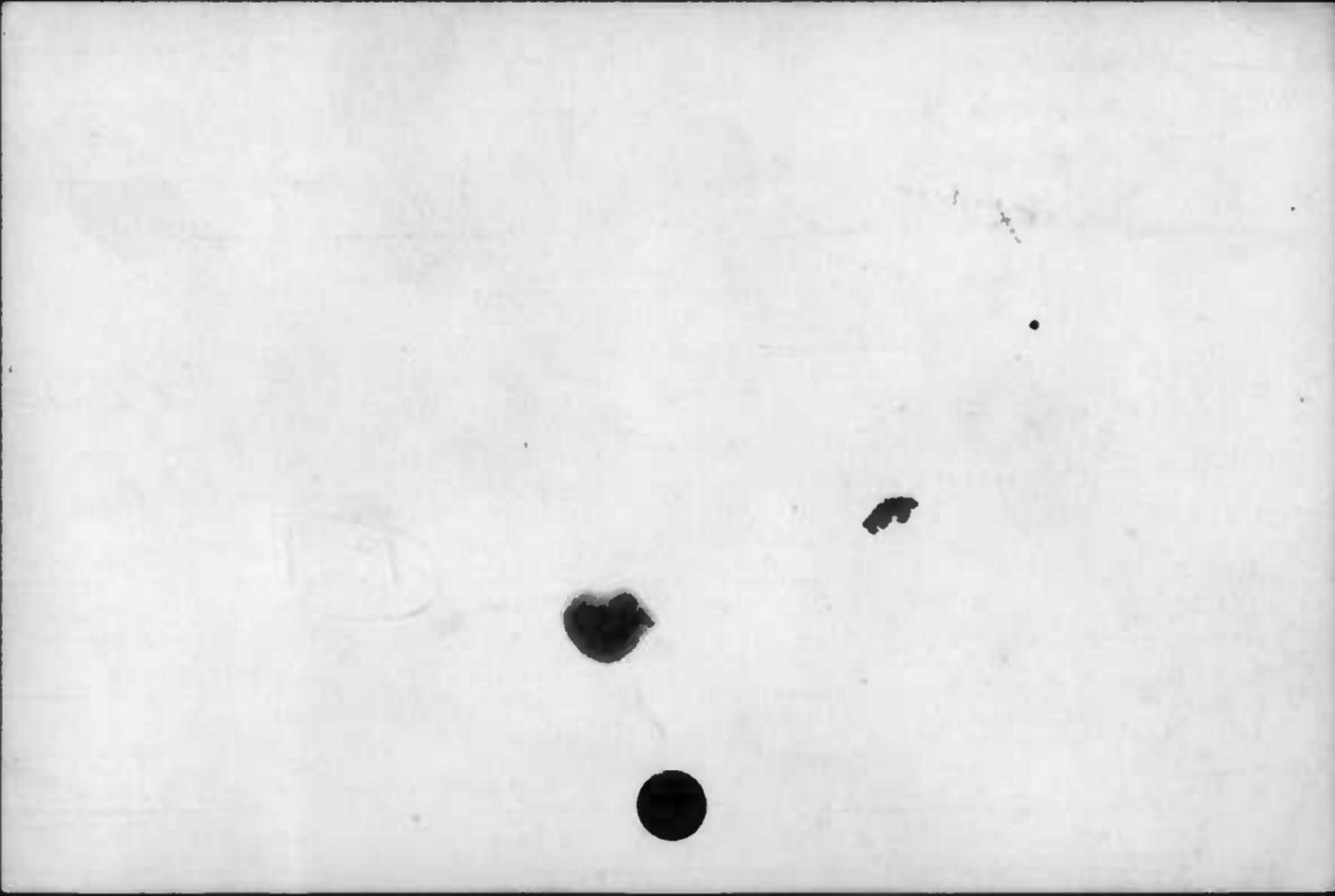


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Franklin Dudley Griffin						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	Sept	22	—	—	7	17	
Sex	Male	Color or Race	white	Birth-place	Queen Anne's Co.		
Occupation	Where Residing if not at place of death at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	William Thomas Griffin		Father's Birthplace	Ind			
Mother's Maiden Name	Ellie Green		Mother's Birthplace	Md			
Name of person giving information	William Thomas Griffin		How related to deceased	Father			
CAUSES OF DEATH						105	
Primary	Cholera infantum		How long	3 days			
Immediate	Cathexia edemosa		How long	24 hours			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr. G. Coppedge			
			Address	Church Hill			
Resident or Suicide?				Md			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Not Named				Hornby	CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	Birth-place			
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Hyman Hornby			Father's Birthplace	Russia		
Mother's Maiden Name	Lena Mollen			Mother's Birthplace	Russia.		
Name of person giving information	Hyman Hornby			How related to deceased	Father		

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Suffocation

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. J. Smith

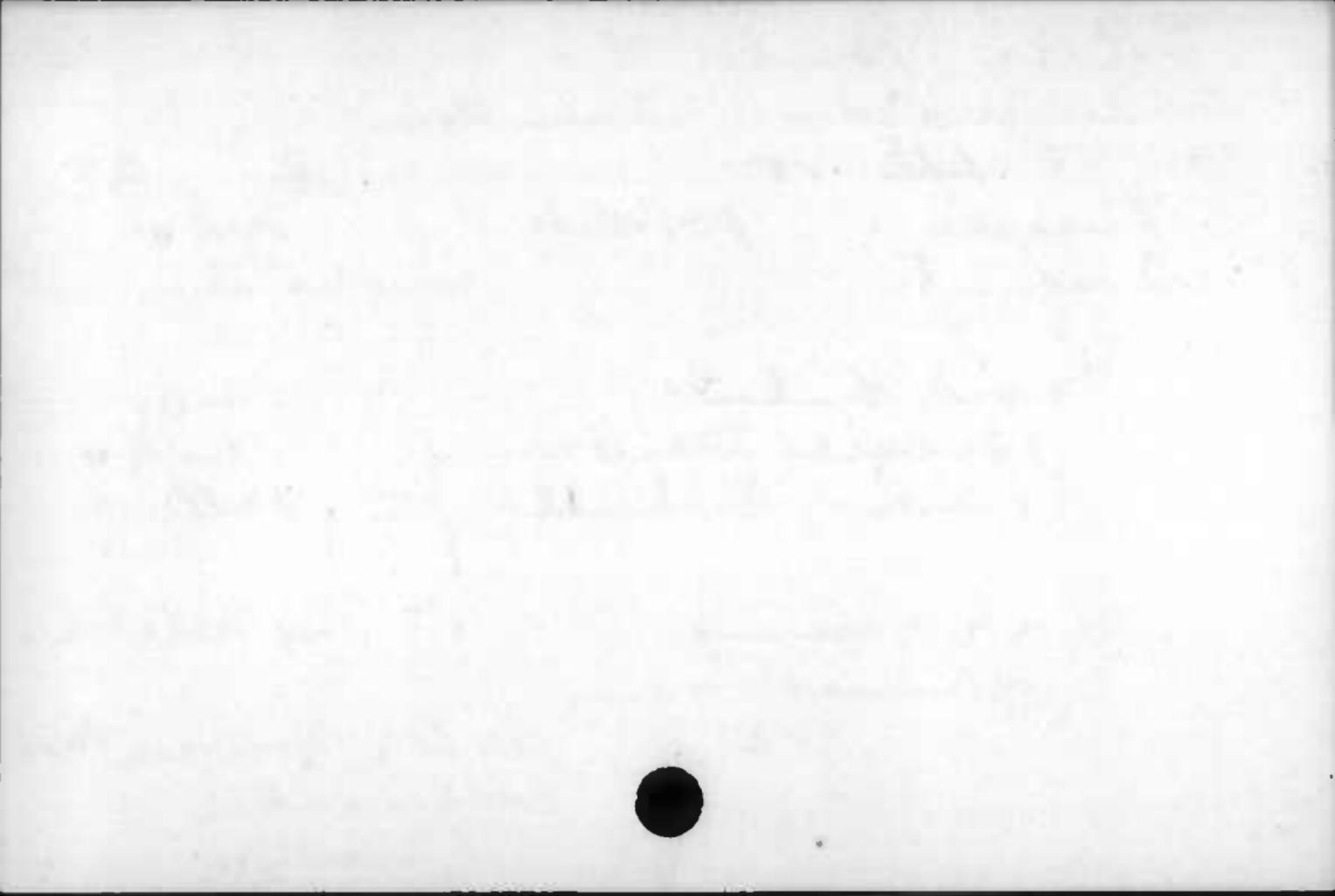
Address

Centreville

Md.

Accident or Suicide?

No.



Name
in
Full

Estella Budnell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1908	Sept.	15	8	24
Sex	Color or Race	Age	Birth-place	Where Residing If not at place of death
Female	Black	7 mo.	Duglinside	Duglinside
Occupation				
Infant				
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	David Budnell	Father's Birthplace	Va..	
Mother's Maiden Name	Bessie Dawson	Mother's Birthplace	Md..	
Name of person giving information	David Budnell	How related to deceased	Father	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Marasmus

Horizon

Six weeks.

immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

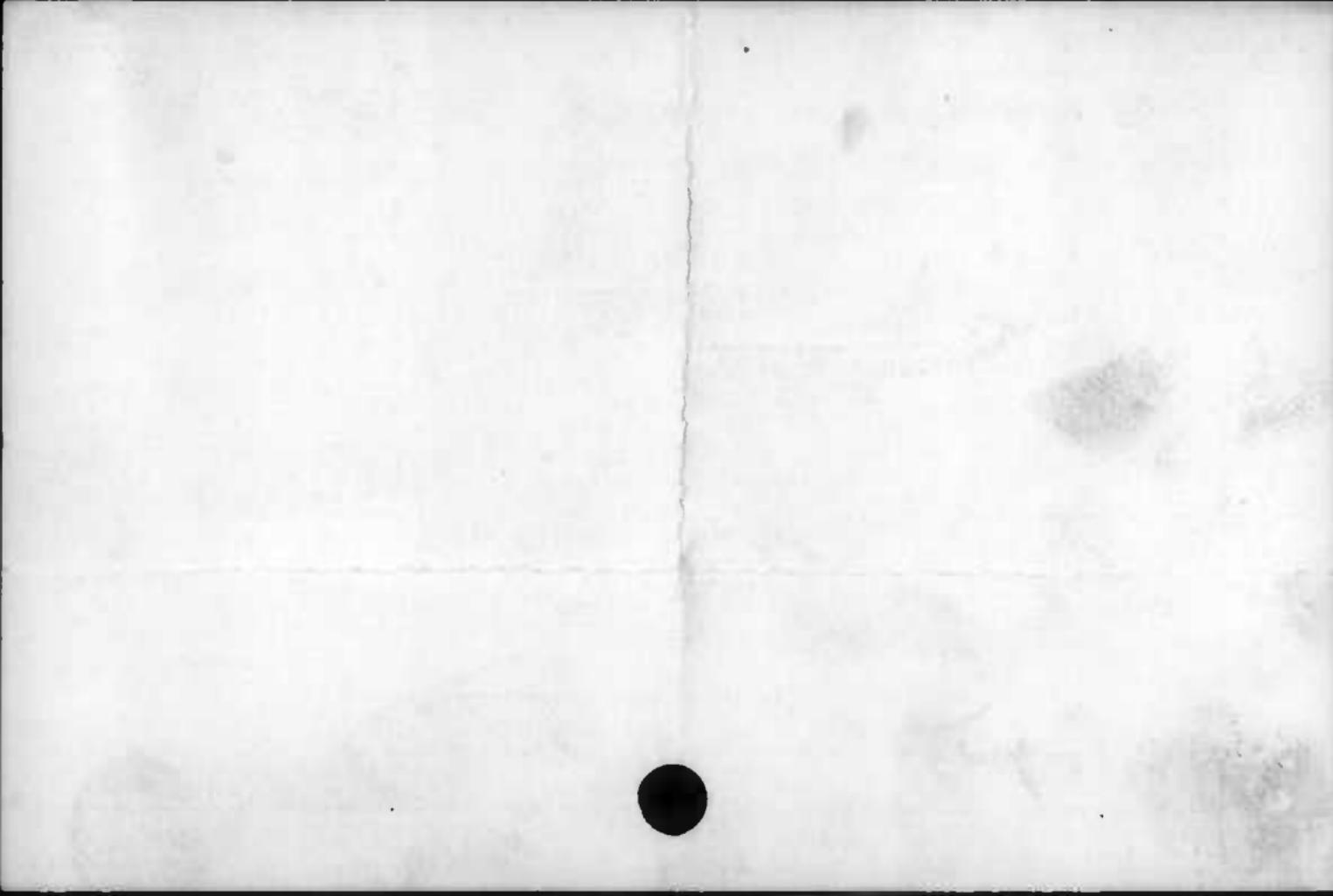
Address

W. W. Bowen M.D.

Duglinside

Mary.

Accident or Suicide?



Name
in
Full

Baby Jarman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Kent Co.		
Mother's Maiden Name	Kent Co.		
Name of person giving information	How related to deceased		

1908 Sept 20 0 0

Male White

none

Single

Chas. Jarman

Elizabeth Thomas Wallis

Elizabeth Thomas Wallis Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

(S)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

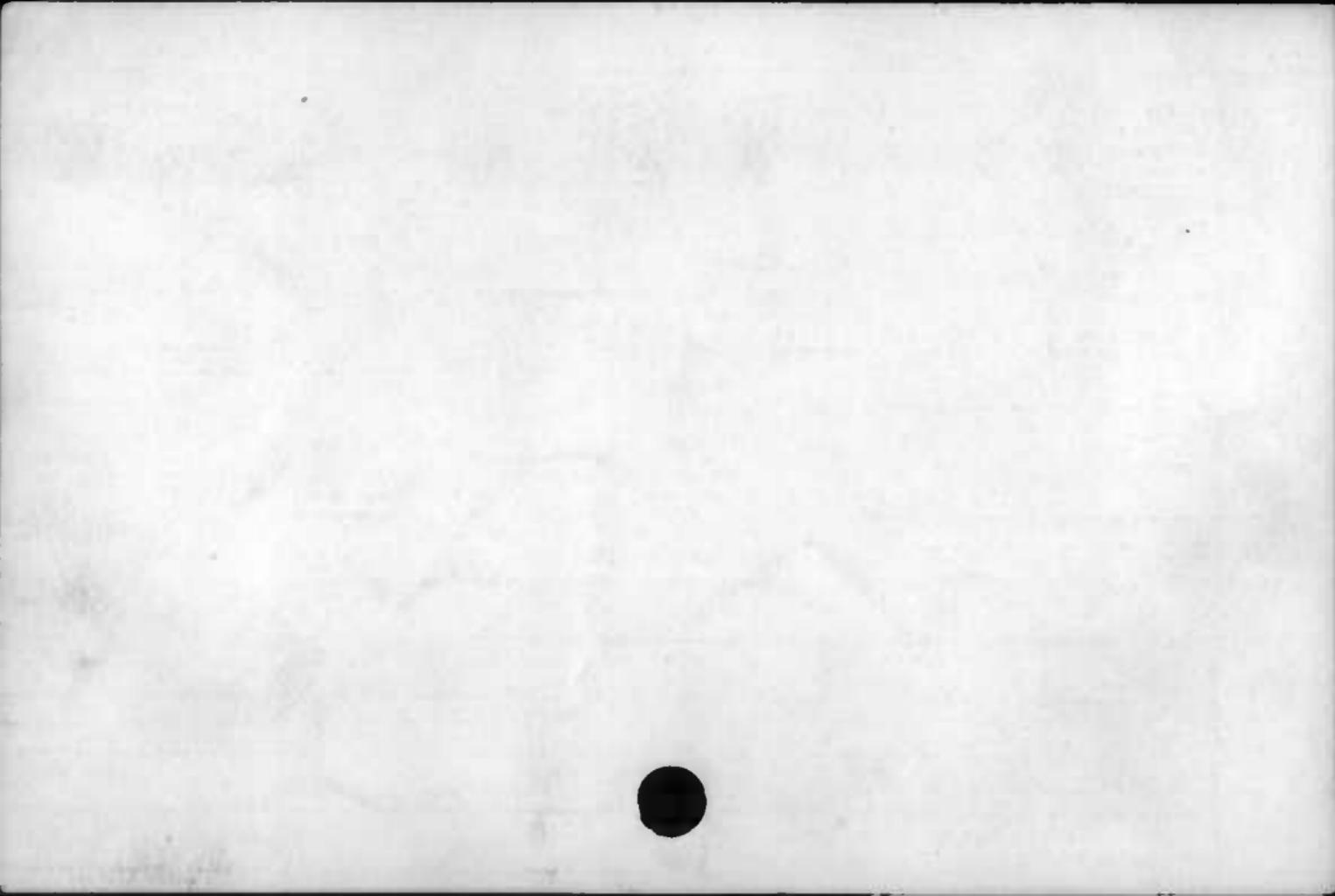
Signature of Physician

Address

Frank B. Hine
Chester town, Md.

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Thomas Martin

CERTIFICATE OF DEATH

Died <u>Dec 1908</u>		Town <u>Church Hill</u>	County <u>Queen Anne's</u>	MARYLAND		
Date of death	Month <u>Sept</u>	Day <u>10</u>	Age <u>64</u>	Years <u>5</u>	Months <u>5</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>At place of death</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah E. Martin</u>					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Mary Martin</u>	Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Sarah E. Martin</u>	How related to deceased <u>Wife</u>					
CAUSES OF DEATH						
Primary	<u>Cirrhosis of the liver</u>					
Immediate	<u>Asthemia</u>					
How long <u>9 months</u>						
How long <u>2 weeks.</u>						
Signature of Physician						
Address						

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

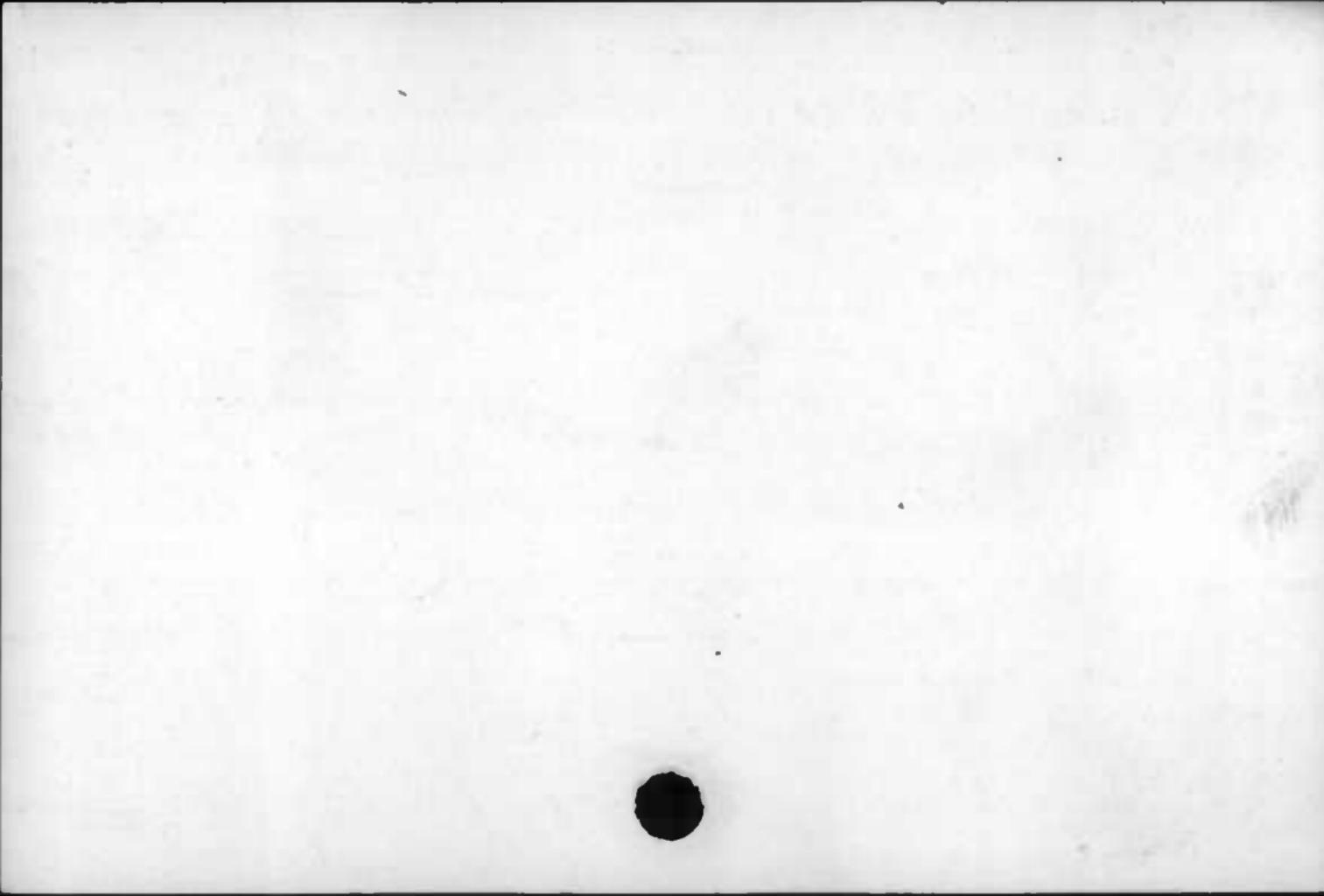
yes

Signature of Physician

Address

D. G. Capojo
Church Hill
Md

Accident or Suicide?



Name
in
Full

Andrew Roht

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <u>Near Trappsville Pennsylvania</u>	MARYLAND				
Date of death <u>1908</u>	Month <u>Sept</u>	Day <u>12</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Near Trappsville</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Andrew Roht</u>	Father's Birthplace <u>Austria</u>				
Mother's Maiden Name <u>Kate Roht</u>	Mother's Birthplace <u>Austria</u>				
Name of person giving information <u>Andrew Roht</u>	How related to deceased <u>Father</u>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Stiel-horn -

(S)

How long

Immediate

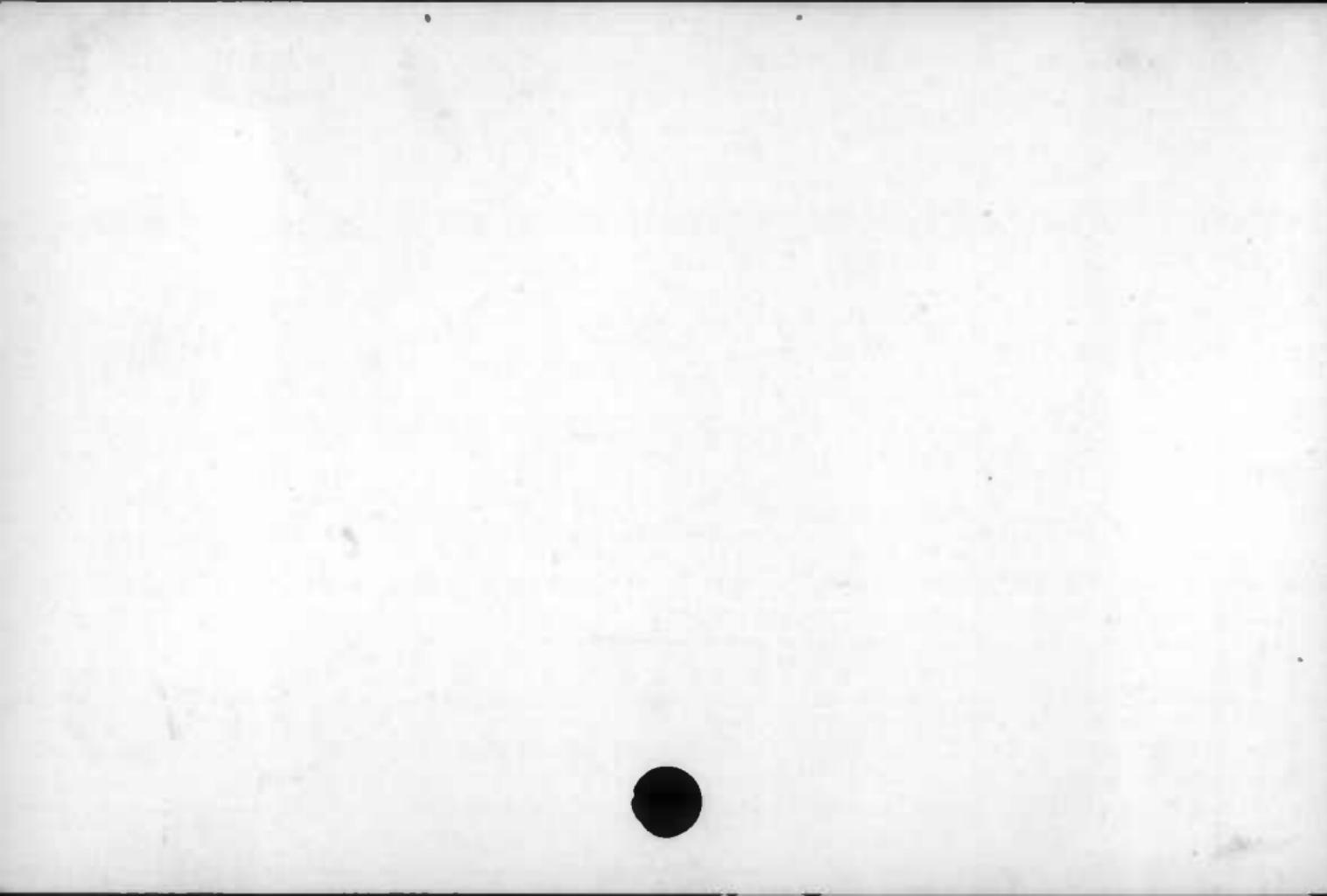
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Lucht, M.D.
Trappsville Md.

Accident or Suicide?



Name
in
Full

Ruth Smith

CERTIFICATE OF DEATH

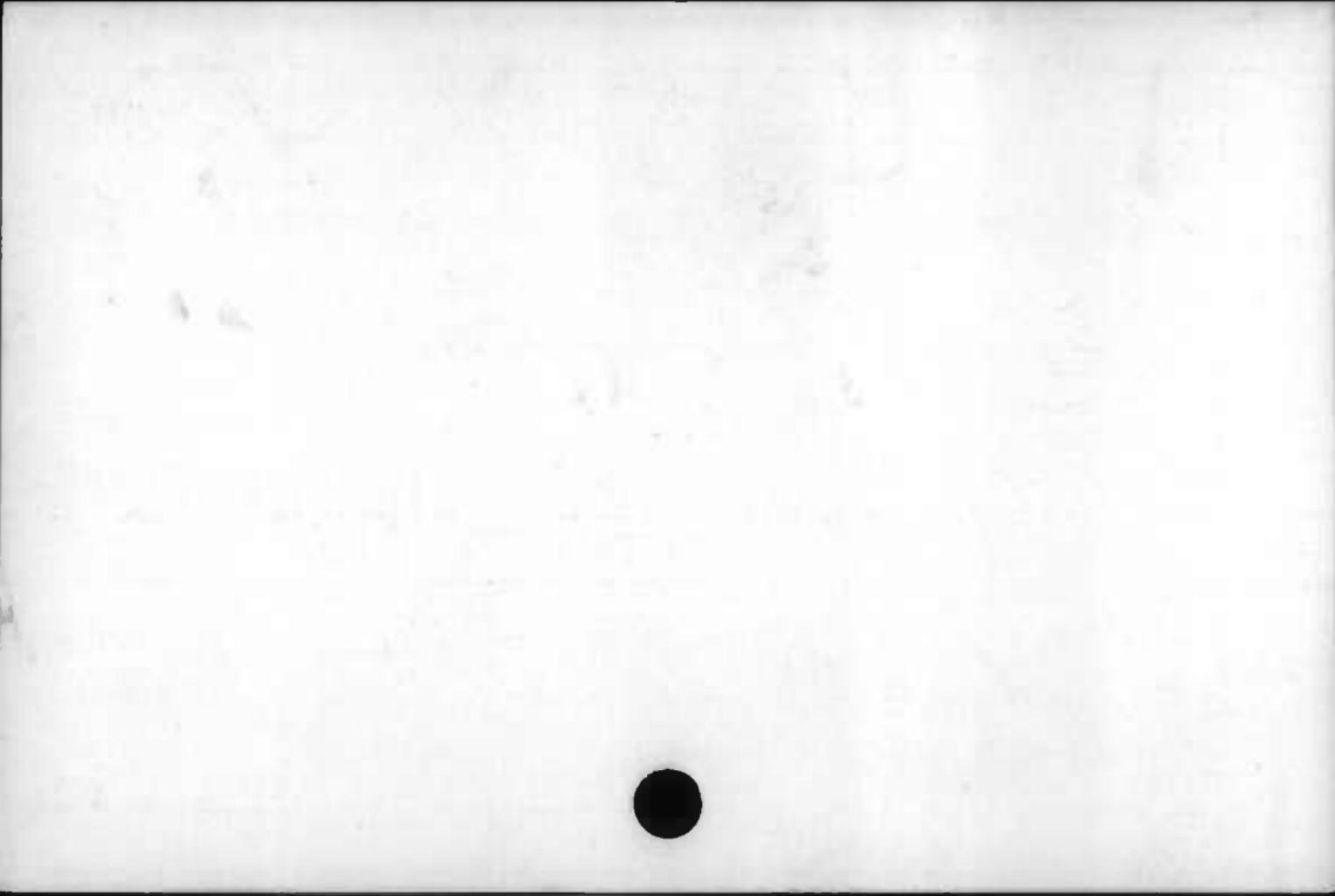
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	2 a	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Dept	Age	1	2		
Female	Color or Race	White		2 aloc		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Sigfi	Name of Wife or Husband	Jackson			
Father's Name	Oscar Smith		Father's Birthplace	2 a bc		
Mother's Maiden Name	Lillian Collier		Mother's Birthplace	2 a bc		
Name of person giving information	I Collier		How related to deceased	Mother Law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebrospinal meningitis			How long	Three days
Immediate	Cardiac failure			How long	Six hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R.H. Ford	
Inquest Mincheside			Address	Queenstown, Md.	
Accident or Suicide?					



Name
in
Full

Julia Anna Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	58	11	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Cannister			
Father's Name	Wm Conley				
Mother's Maiden Name	Hannah Tobor	Father's Birthplace	Talbot Co		
Name of person giving Information	Wm Conley	Mother's Birthplace	"		
		How related to deceased	Brother		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Mitral regurgitation

How long

Eight months

Immediate

Cardiac failure

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?



yes

Signature of Physician

Address

Powlawit F. Ford
Queenstown, Md.

Accident or Suicide?

Interment at
Kent Island, Md.

Name
in
Full

George W. Taylor

CERTIFICATE OF DEATH

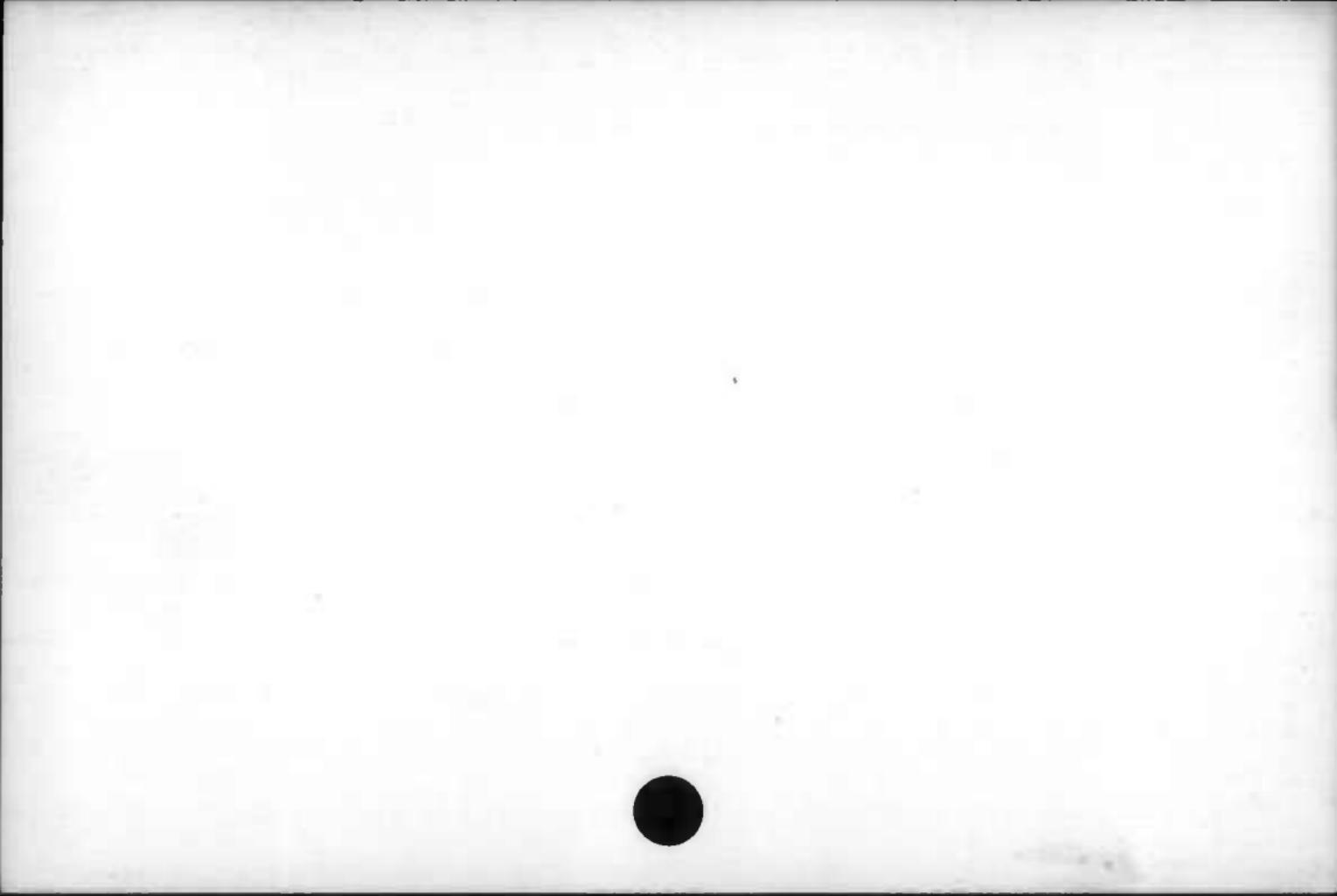
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month 8 Sept.	Day 12	Years 37	Months Days
Sex Male	Color or Race Caucasian	Occupation Farm Owner	Birth-place Maryland	
Married, Single or Widowed Single				
Name of Wife or Husband —				
Father's Name Geo. W. Taylor	Father's Birthplace Md.			
Mother's Maiden Name Margaret A. Long	Mother's Birthplace Md.			
Name of person giving Information Dr. J. S. Bordley	How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy	How long childhood
Immediate Paralysis, Cardiac	How long Instantaneous
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Bordley M.D.
	Address Bentzville Maryland
Accident or Suicide? No	



Name
in
Full

Mather Wright

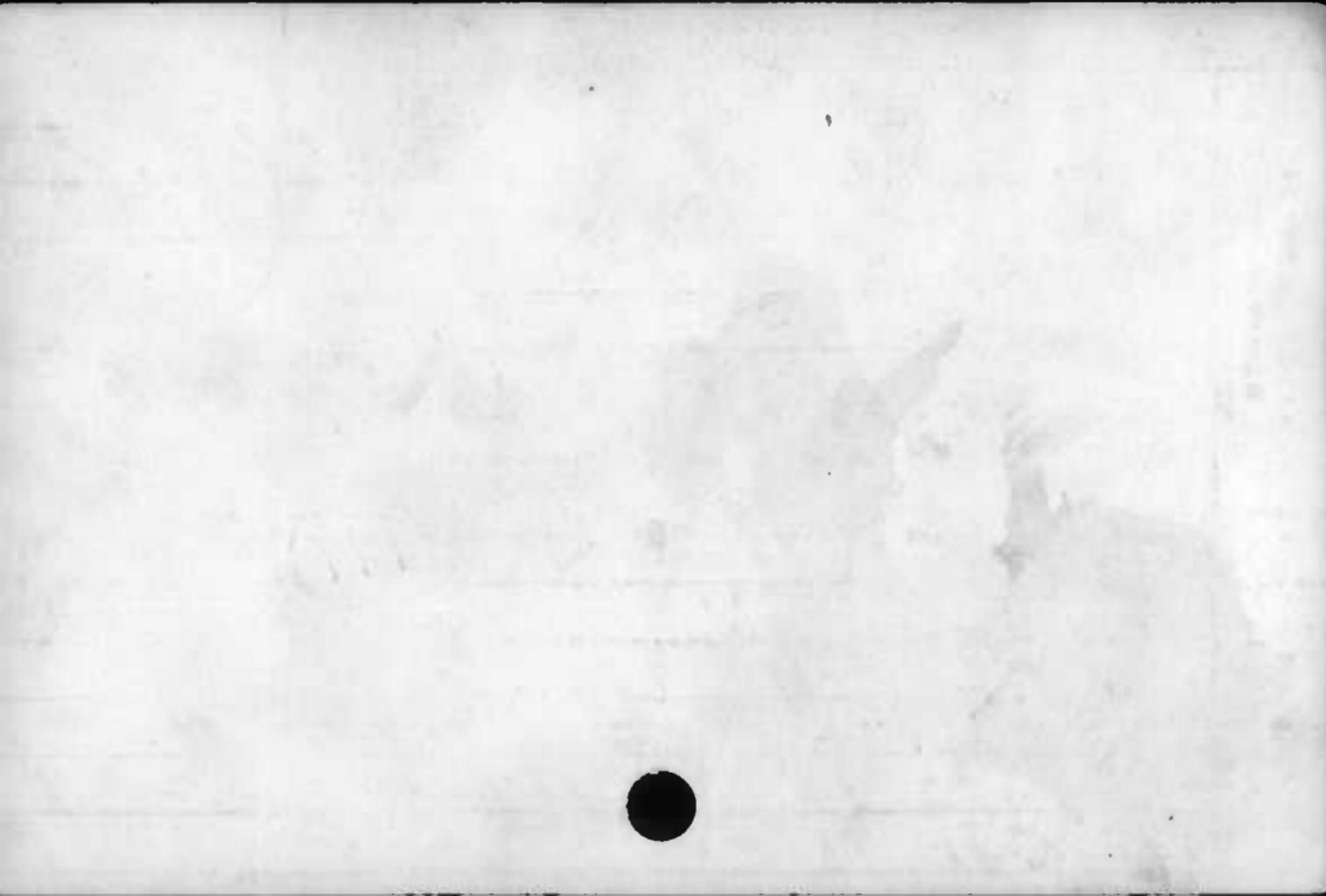
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at No Burley		Town D. D. Co.	County .	MARYLAND	
Date of death 1908	Month Sep	Day 21	Years 18	Months -	Days -
Sex Female	Color or Race Black	Birth-place D. D. Co			
Occupation Cook	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name —	Father's Birthplace D. D. Co.				
Mother's Maiden Name Rachel Wright	Mother's Birthplace D. D. Co.				
Name of person giving Information James Honey	How related to deceased Step Father				
CAUSES OF DEATH					
Primary	Dropsy				
Immediate	Heart Failure				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Arthur E. Landis	How long Unknown	177
			Address Crampton	How long 11	

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

No name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

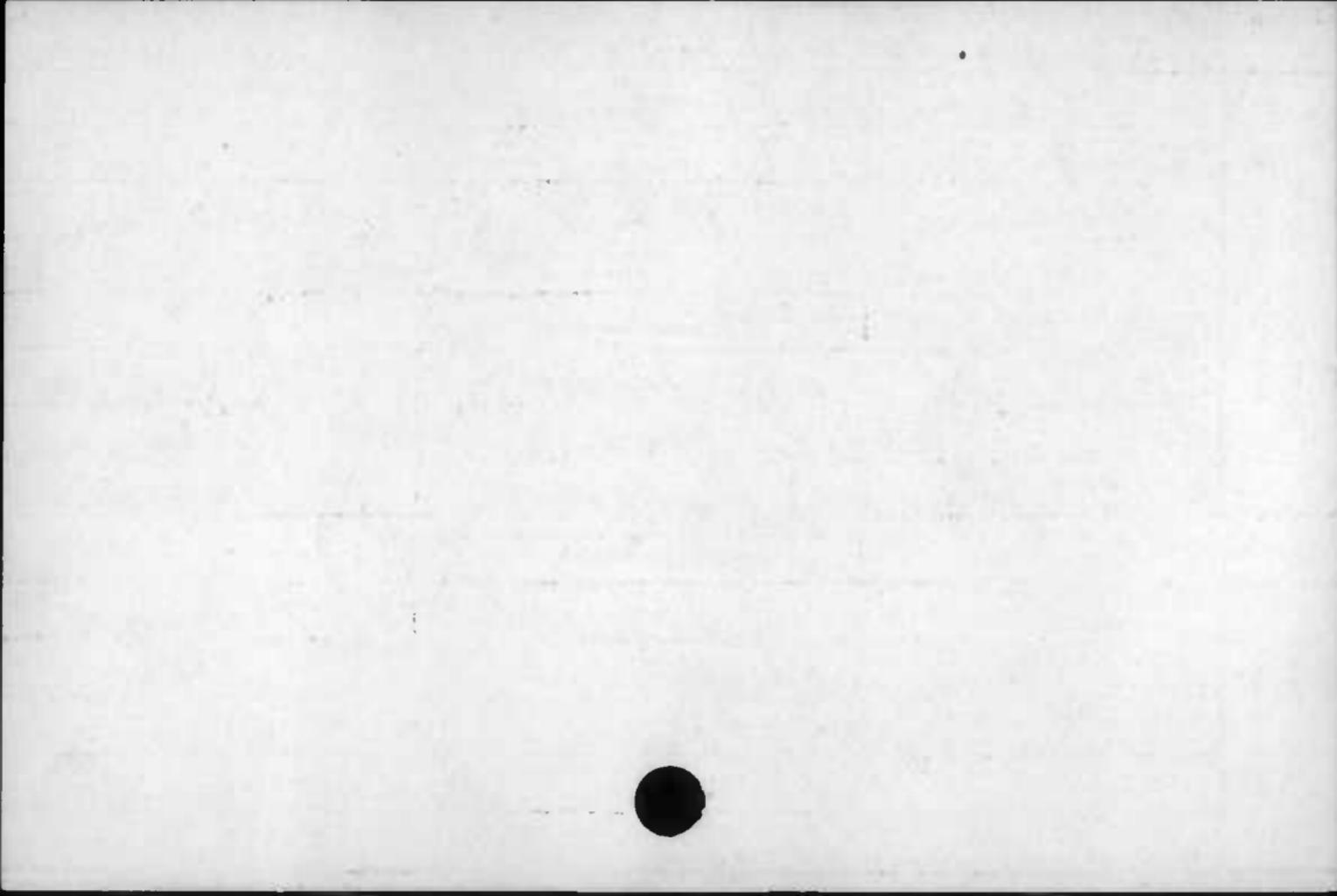
Town	County				
Died at near Gardner	Duamaine				
Date of death 1908	Month 9	Day 27	Age	Years	Days
Sex Female	Color or Race White	Birth-place near Gardner			
Occupation None	Where Residing if not at place of death				

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name Chas Filmer Moon		2, A. 60 M.
Mother's Maiden Name Elizabeth Moon		Mother's Birthplace 2, A. 60 M.
Name of person giving Information Chas Filmer Moon	How related to deceased	Father (S)

CAUSES OF DEATH

Primary	Shreded & Fractured	How long 1 day
Immediate		How long 1 day

Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Address
	21	J. W. Bracken	Gardner
Accident or Suicide?			ME



Name
in
Full

Agnes Pakulekay

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Baltimore			County	24	
Died at	Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Mother	Age	Birth- place	Balto. Md
Occupation	Nursing			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Single			Name of Wife or Husband	Father's Birthplace	Germany
Father's Name	Jacob Pakulekay			Mother's Birthplace	Germany	Germany
Mother's Maiden Name	Mary Sevandosky			How related to deceased	Daughter	
Name of person giving Information	Joseph Pakulekay					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chorea Infantum

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

92s

Signature of
Physician

Address

105-

How long

2 days

How long

1 day

Accident or Suicide?

nt

